



Shelby County Community Services Agency

LOW INCOME HOME ENERGY ASSISTANCE PROGRAM

PROGRAM GUIDELINES

Applications for the Low Income Home Energy Assistance Program (LIHEAP) are available throughout the year upon request. Applications are available at Hickory Ridge Mall between 10:00 a.m. and 5:00 p.m. Customers have the option to complete the application and leave it or mail it back to CSA at 3685 Kirby Parkway and 3384 Austin Peay Highway. The CSA offices at Raleigh Springs Mall and Kirby Parkway will not see clients in person.

Applications **MUST** be accompanied by proper documentation of income sources and amounts as noted on the reverse of this card. Clients must also provide a copy of their utility bill or a receipt from their fuel source. Applications and documentation returned in person to CSA will be placed in a sealed envelope and stamped with the date and time submitted. CSA **IS NOT REQUIRED** to process the application while the customer is present. Customers will be notified by letter of incomplete application and will have ten (10) business days to provide additional information as required. After ten (10) business days the incomplete application will be denied and the client must re-apply for assistance. **Receipt and/or submission of an application does not guarantee services.**

Applications are also available by mail by calling the LIHEAP Call Center at 362-6518. CSA distributes applications to other social services agencies, senior citizens facilities, and churches. Mail-in applications will be dated upon arrival and processed continuously.

REQUIRED DOCUMENTATION OF INCOME

SOCIAL SECURITY, SSI, PENSION, DISABILITY AND VA BENEFITS:

- Previous or current check or check stub
- Current Award Letter
- Current Print-Out from Social Security Administration Office

TANF/AFDC INCOME:

- Previous or current check or check stub
- Written statement from DHS (memo sheet only) and disposition sheet

CHILD SUPPORT INCOME:

- Current Print-Out from Juvenile Court
- Current Letter Verifying Support:
 - Must be signed and dated
 - Must state how often payments are received

UNEMPLOYMENT BENEFITS:

- Current Print-Out from State
- Letter stating eligibility

EMPLOYMENT:

- Check Stubs from Employer
 - 13 if paid weekly
 - 6 if paid bi-weekly
 - 3 if paid monthly
- Current Letter Verifying Gross Wages
 - Must be signed and dated
 - Must be on 8 1/2" x 11" letterhead

NO INCOME:

- Completed Statement of Support (available upon request)
- Written Statement Verifying Zero Income from Past Employer and/or Other Social Service Agency Working with the Individual or Family



**Shelby County Community Services Agency
LOW INCOME HOME ENERGY ASSISTANCE (LIHEAP) APPLICATION**

Please complete this form and return it with the information on checklist below.

- Checklist:**
- ☐ Signed Application
 - ☐ **Copy** of Utility Bill
 - ☐ **Copy** of Proof of Household Income (See first page for specific requirements.)
 - ☐ **Copies** of Social Security Cards and Proof of Age for all Household Members
 - ☐ If MHA resident, provide PHA Overage Statement

A notification letter will be sent to you indicating whether you have been approved for utility assistance and if so, for what amount. **IMPORTANT: YOU MUST CONTINUE TO PAY YOUR OWN UTILITY BILL UNTIL YOUR ACCOUNT HAS BEEN CREDITED.**

Complete the table below about additional family members, if that applies to your household.

ADDITIONAL HOUSEHOLD MEMBERS						
Name	Relationship	Social Security Number*	Food Stamps?	Date of Birth	Age	Disabled?
			<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Yes <input type="checkbox"/> No

*Assistance will be denied due to applicant's refusal or inability to furnish a Social Security Number and verification for each household member.

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LOW INCOME HOME ENERGY ASSISTANCE (LIHEAP) APPLICATION

APPLICANT INFORMATION

Last Name:	First:	Middle:	Telephone: ()
Street address:	City:	State:	ZIP Code:
Social Security Number:	Birth date: / /	Age:	Gender: <input type="checkbox"/> M <input type="checkbox"/> F
*Assistance will be denied due to applicant's refusal or inability to furnish a Social Security Number.			
Race: <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Asian or Pacific Islander <input type="checkbox"/> Hispanic <input type="checkbox"/> Black (Non-Hispanic) <input type="checkbox"/> Caucasian (Non-Hispanic)			
Sources of Income:	Monthly Amount:	Disabled: <input type="checkbox"/> Yes <input type="checkbox"/> No	
		Food Stamps: <input type="checkbox"/> Yes <input type="checkbox"/> No	
		Frail Elderly: <input type="checkbox"/> Yes <input type="checkbox"/> No	
		Housing Status:	
Total Monthly Income:	\$	<input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> Section 8 <input type="checkbox"/> Public Housing	

(Documentation of all income sources must be attached.)

Number of People in Household: (Please complete section on Additional People in Household on the back of this form.)

UTILITY INFORMATION

Source(s) of Energy:	<input type="checkbox"/> Electricity	<input type="checkbox"/> Natural Gas	<input type="checkbox"/> Kerosene	<input type="checkbox"/> Wood or Coal	<input type="checkbox"/> Fuel Oil/L.P. Gas
Name of Energy Supplier to Receive Payment:	Address:			Telephone:	
Utility Account Number:	Average Monthly Utility Cost:			Amount of Overage:	

OTHER INFORMATION

Do you receive regular financial assistance for disability? ☐ Yes ☐ No OR Do you have a signed Medical Statement that requires medical life support for your household? ☐ Yes ☐ No If Yes, state your disability (documentation not required) _____

Has residence been served under the Weatherization Assistance Program? ☐ Yes ☐ No If no, are you interested in the Weatherization Assistance Program? ☐ Yes ☐ No

RELEASE OF INFORMATION & CIVIL RIGHTS COMPLIANCE

I certify to the best of my knowledge that all of the information provided by me is true and correct. I also authorize the verification of any and all information for the purpose of certification for assistance and do ☐ do not ☐ agree that the information contained in my application may be shared with other agencies from which I seek additional services. I understand that anyone who fraudulently covers up a material fact or who knowingly gives false information required for eligibility determination is subject to prosecution under applicable criminal laws. I also certify that I have been informed of the appeal process under provisions of the Low Income Home Energy Assistance Program and that I shall be notified of my eligibility status within the time period acknowledged to me by the authorized personnel of the local contract agency.

Release of Information and Client Certification of Prior Assistance: I hereby authorize Shelby County Government to share information contained in this application for energy assistance with other agencies/programs from which I seek additional services and fully consent to the sharing of this information.** I also certify that I have NOT received Low Income Home Energy Assistance during the current period for which I now apply.

Title VI Compliance: As a customer of Shelby County Community Services Agency, I understand and acknowledge that I must be informed of the Title VI Civil Rights Act of 1964 which states that no person will be discriminated against based on age, race, sex, color, religion, or national origin under any program provided by Shelby County Government. I acknowledge that I have been informed of the Title VI Civil Rights Act of 1964.

X *Applicant's signature:* _____ *Date:* _____

**Note: If an applicant or local contact agency does not want the information regarding an application to be shared with other agencies/programs then draw a line through this sentence before the applicant signs the form.

FOR OFFICE USE ONLY: Eligible Benefit Level: _____ Household Income Verified: ☐ Yes ☐ No

Signature of Pre-Certification Worker: _____ Date: _____

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